COMMENT ON THE LETTERS

In regard to the first point in William's letter, it should be noted (1) that he mentioned no book in which his discovery was acknowledged except that of Haller, which contains no such acknowledgment, but refers instead to the page in William's *Medical Commentaries* containing a footnote in which the contrary opinion is vigorously defended; and (2) that he failed to say to whom he communicated his discovery unless he meant the public spoken of in "Secondly." This recalls to mind the comment of Paget, in the case of the quarrel between the Hunters and Pott, that William had recourse to rhetoric while John gave "a plain statement of all that he remembered."

Department of Anatomy.

(To be continued)

DEATH OF "DR. O. UPLAVICI"

By W. H. MANWARING
Stanford University

IN 1887 Dr. Jaroslav Hlava of Czechoslovakia reported the discovery of amebas in the stools and intestinal ulcers of patients suffering from dysentery, together with his success in transferring the disease to laboratory animals (cats) by intrarectal inoculation with human ameba-containing stools. His paper was published in the leading Czech medical journal of that day, under the title: "O uplavici; Predbezne sdeleni." ("On dysentery; a preliminary communication.")

By some unexplainable editorial oversight, Dr. Hlava's name was omitted in the German reviews of his paper. Credit for this basic medical discovery was, therefore, given to "Uplavici, O" (Dysentery, On).[1]

For fifty years international medical science paid homage to the mythical bacteriologist, "Dr. O. Uplavici," ranking him with Pasteur, Koch, and Lister, as one of the outstanding pioneers in modern medical science. It was not until a year ago that the mythical nature of this nineteenth century protozoölogist was recognized by Dr. Clifford Dobell of London, England, and a formal obituary of "Dr. O. Uplavici (1887-1938)" published in a leading English medical journal.[2]

While the creation and perpetuation of the "Uplavici" myth has probably neither hastened nor retarded the development of bacteriological science, Doctor Dobell's obituary may have a salutary effect on future medical historians. There are a number of other minor literary myths still honored in medical research literature, most of them of fairly recent Russian or oriental origin.

P. O. Box 51.

1 Centralbl. f. Bakt., 1: 537, 1887.
2 Dobell, Clifford: Parasitology, 30: 239 (June), 1938.

Seldom shall we see in cities, courts, and rich families, where men live plentifully and eat and drink freely, that perfect health and athletic soundness and vigor of constitution which are commonly seen in the country, where nature is the cook and the necessity the caterer, and where they have no other doctor but the sun and fresh air.—South.

CLINICAL NOTES AND CASE REPORTS

CEREBRAL EDEMA

INJECTION OF AIR INTO THE SPINAL CANAL AS A THERAPEUTIC MEASURE

By GEORGE H. SCIARONI, M.D.
AND
K. F. SHARP, M.D.
Fresno

PREVIOUS reports on the value of spinal puncture as a therapeutic measure in the treatment of cerebral edema have confined themselves to a discussion of the procedure as a means of decreasing intraspinal pressure by withdrawing small quantities of spinal fluid at certain intervals. This may or may not give the patient some relief from the distressing symptoms of increased intracranial pressure. We know that many cases of cerebral edema fail to show any appreciable increase in the pressure of the spinal fluid. This is particularly noticeable in some cases of epidemic encephalitis and brain concussion. Many of the varieties of encephalitis may fail to show increase in the pressure of the spinal fluid, as we have had occasion to observe in the patients we have seen in the San Joaquin Valley.

The usual method of treatment of these patients has limited itself, to some extent, to the use of hypertonic solutions of glucose, sucrose, magnesium sulphate, etc., intravenously. One of us, Dr. G. H. Sciaroni, has been using air injections into the spinal canal for a number of years as an important addition to the intravenous use of hypertonic solutions. The procedure he has used, and that we will describe here, demonstrates its value, not by decreasing spinal fluid pressure, but by deliberately increasing pressure within the cranial cavity. The patient is usually seated in an upright position, and a spinal puncture is done. No fluid is removed, but a small quantity of air, usually 20 to 50 cubic centimeters, is injected into the spinal canal, and this air rises to the cranial and ventricular cavities, where it exerts pressure on the brain, compressing the tissue and forcing the fluid out of the brain and into the blood vessels. Hypertonic glucose solution, 50 cubic centimeters of 50 per cent glucose, is usually given intravenously just preceding the spinal puncture, and we have noticed some unusually good results. Many of the patients treated in this manner were so seriously ill before air injections were begun that their prognosis was almost hopeless, and we have seen these patients make rapid and complete recoveries, showing improvement almost at once after air injection into the spinal canal was begun.

As we have mentioned, this form of treatment has been used for some time by Doctor Sciaroni, particularly during the spidemics of encephalitis in 1933 and 1934. His results were exceptionally good. We are reporting this more recent case of encephalitis because of many unusual features, the most remarkable of which was the rapid improvement shown by the patient as soon as air injections